

REQUEST FOR VERIFICATION BY EXAMINER/DIAGNOSTICIAN*

To: Examiner/Diagnostician Providing Verification

From: Committee of Bar Examiners

Subject: Description of the Examinations

_____ has requested that the Committee of Bar Examiners
(Applicant's Name)
provide him/her testing accommodations to take the _____
(Name of Examination)

Examination. It is the policy of the Committee of Bar Examiners to administer the examination to all eligible applicants in a manner that is fair and equitable. Testing accommodations will be granted in those instances where the applicant establishes that accommodations are needed to take the examination on an equal basis with all other applicants. Descriptions of the examinations are attached. Please note that there are different formats used for different sessions, which may require different accommodations due to the nature of the applicant's disability. Please complete and sign the appropriate verification form and forward it to the applicant or to the San Francisco Office of Admissions. Processing of an applicant's petition will not begin until all necessary verifications are received.

Your assistance is very much appreciated.

*[Applicants must fill in the blanks on this form and furnish it and the appropriate verification form to the professional providing verification.]